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CONFIRMATION NO. 5731

<b>SERIAL NUMBER</b> 10/731,803	<b>FILING OR 371(c) DATE</b> 12/09/2003 <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2611	<b>ATTORNEY DOCKET NO.</b> BP 2703
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/431,940 12/09/2002 and claims benefit of 60/478,922 06/16/2003

YES JATM

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE JATM

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

03/17/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials JATM	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**

34399

**TITLE**

Edge incremental redundancy support in a cellular wireless terminal

<b>FILING FEE RECEIVED</b> 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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